PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

2292 BIRCH STEWA PO BOX 747	7590 10/22/	/2008 & BIRCH, LLF		Certific	te of Mailing or Trans	r domestic mailings of the or any other accompanying nt or formal drawing, must mission (deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. (Depositor's name)	
A PRI I GATTION NO	I	···	<u> </u>			(Date)	
APPLICATION NO.			FIRST NAMED INVENTOR		ORNEY DOCKET NO.	CONFIRMATION NO.	
10/531,329 TITLE OF INVENTION: 1	09/16/2005 EXHAUST EMISSION	CONTROL DEVICE C	Satoshi Hiranuma FINTERNAL COMBUS'	TION ENGINE	1575.0155PUS1	1359	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/22/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
TRAN, DIEM T 1. Change of correspondence address or indication of		3748	060-297000				
(A) NAME OF ASSIGN MITSUBISHI	or "Fee Address" or more recent) attache D RESIDENCE DATA s an assignee is identif n 37 CFR 3.11. Complete FUSO TRUCK	Indication form Indication form Indication form Indication of a Customer TO BE PRINTED ON The state of the s	data will appear on the pa f a substitute for filing an a (B) RESIDENCE: (CITY CORPORATION	rely, e firm (having as a mem gent) and the names of neys or agents. If no na printed. e) tent. If an assignee is assignment. and STATE OR COUN	ber a 2 Kolaso one is 3 dentified below, the do	1	
Please check the appropriate 4a. The following fee(s) are Size Fee Publication Fee (No size Advance Order - # o	4b	. Payment of Fee(s): (Please A check is enclosed. Payment by credit care	t of Fee(s): (Please first reapply any previously paid issue fee shown above)				
5. Change in Entity Status a. Applicant claims S NOTE: The Issue Fee and F	MALL ENTITY status ublication Fee (if requi	above) . See 37 CFR 1.27. red) will not be accepted	b. Applicant is no long	er claiming SMALL EN	TITY status. See 37 CF	R 1.27(g)(2).	
Authorized Signature	Clini	Want and Trademark	Ome.	_{Date} Januar	y 21, 2009		
Typed or printed name Charles Gorenstein Registration No. 29271							
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